



NIGERIAN SAFETY INVESTIGATION BUREAU

P.M.B 7009, Area 1, Garki, Nnamdi Azikiwe International Airport, Abuja, Nigeria
Tel: +234-1-7430099, Mob: +234-8077090900 Hotline: +234-8077090909
Website: www.aib.gov.ng Email: commissioner@aib.gov.ng

[DATE]

Dear [NAME OF OBSERVER/PARTICIPANT],

GRANTING OF OBSERVER/PARTICIPANT STATUS

[ACCIDENT FILE NUMBER]
[AIRCRAFT REGISTRATION]
[LOCATION]

The Nigerian Safety Investigation Bureau (NSIB), *herein referred to as the Bureau*, is empowered to investigate aircraft accidents in Nigeria. The objective of the investigation is to advance aviation safety by identifying safety deficiencies and making recommendations designed to eliminate or reduce such deficiencies.

During the course of an accident investigation, the Bureau may authorize a person to attend as an observer when the person is designated as such by a Minister responsible for a government department having a direct interest in the investigation and/or another State Investigation Authority, or as a participant when, in the opinion of the Bureau, the person has a direct interest in the subject-matter of the investigation and will contribute to achieving the objective of the Bureau.

By this letter, you are granted the status of an observer or a participant to this accident and, subject to any conditions that the Bureau may impose and under the supervision of an investigator, you may:

- (a) attend at the accident site;
- (b) examine the aircraft, its component parts and contents;
- (c) unless otherwise prohibited by law, examine relevant documents; and
- (d) attend laboratory examination and testing.

Your attendance as an observer/participant is subject to the following conditions:

- (a) you shall limit your activities at the accident site to those outlined by the Investigator-in-charge;
- (b) you shall ensure that your activities do not restrict or otherwise interfere with the investigators in the performance of their duties; and
- (c) you shall ensure that the information you gain as a result of your observer/participant status is not disclosed to any unauthorized person.

Failure to comply with any of the above conditions and responsibilities could result in the immediate revocation of your observer/participant status.

You should also understand that the privileges of an observer/participant will be exercised at your own risk.

Please sign and return the attached copy of this letter to the Investigator-in-charge, indicating your understanding and acceptance of the above-mentioned conditions and responsibilities.

Please accept the assurances of the highest regards of the Director General/CEO.

Yours truly,

[NAME OF SIGNATORY]

[Designation]

For: Director General/CEO

I understand and accept the conditions outlined above with respect to my attendance as an observer/participant at the subject investigation.

I also understand that the privileges of an observer/participant will be exercised at my own risk, and I hereby agree to indemnify and save harmless the Accident Investigation Bureau for any damage or injuries I may suffer as a result of my attending the investigation as an observer.

Signed:

[NAME OF SIGNATORY]

[Designation]

